

**TOWN OF BUENA VISTA APPLICATION
FOR SENIOR DISCOUNTED WATER RATE**

NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____

BIRTH DATE OF HEAD OF HOUSEHOLD: _____

TOTAL HOUSEHOLD INCOME: _____

NUMBER OF PERSONS IN CUSTOMERS HOUSEHOLD: _____

PLEASE PROVIDE CURRENT PROOF OF INCOME IE: TAX RETURN,

I hereby certify that the information provided in this application is true and correct to the best of my knowledge.

Signature of Applicant: _____

Date of Application: _____

Income Guidelines for year 2012:

Household Size	Annual Income
ONE	\$15,080
TWO	\$20,426
THREE	\$25,772
FOUR	\$31,118

This application is reviewed pursuant to the Buena Vista Municipal Code, Section 13-81 (e) which states:

Residential water service customers sixty (60) years of age or older, and who have a total household income at or below one hundred and thirty percent (130%) of the Gross Federal Poverty Level as reported annually in October by the Chaffee County Department of Social Services, shall be entitled upon application to and approval by the Town Administrator of a discount in their monthly water service charge or rate equal to twenty-five percent (25%). The discount provided in this subsection shall apply only to an owner-occupied residence and not to any other property owned by a qualified customer. Applications for the discount rate must be made annually in writing to the Town Administrator prior to April 1 in each year in which the discount is sought.

Approved: _____ Denied: _____

Signature of Town Administrator: _____ Date: _____

For Office Use Only:

Date Received: _____

Tap Number: _____

Effective Date: _____

